

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook X		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2016	
Mailing Address 1 Hacker Way		Amount 3093.77	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.11647
Purpose of Expenditure Digital Media Production/Placement	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2016	
Name of Federal Candidate Rafael 'Ted' Edward Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TN	
Calendar Year-To-Date Per Election for Office Sought 577411.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Google X		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2016	
Mailing Address 1600 Ampitheatre Parkway		Amount 2655.23	
City Mountain View	State CA	Zip Code 94043	Transaction ID : SE.11648
Purpose of Expenditure Digital Media Production/Placement	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2016	
Name of Federal Candidate Rafael 'Ted' Edward Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TN	
Calendar Year-To-Date Per Election for Office Sought 580066.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Jon Francis

[Electronically Filed]

Date

MM / DD / YYYY
02 / 27 / 2016

Signature

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(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Keep the Promise III		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stripes Agency LLC X		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2016	
Mailing Address 400 North St Paul #1025		Amount 8987.00	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.11649
Purpose of Expenditure Digital Media Production/Placement	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2016	
Name of Federal Candidate Rafael 'Ted' Edward Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: TN	
Calendar Year-To-Date Per Election for Office Sought 589053.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	5749.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Jon Francis

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